

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Application for a Class C Charter Bus Certificate
from Williams Charters & Tours, LLC

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET
NUMBER: 2020 - 59 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Dale Lamar Williams

Telephone: 4048575928

Address: 361 17th St. NW #2217

Fax:

Atlanta, GA 30363

Other:

7709914458

Email: dalewilliams@williamscharters.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input checked="" type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

[Handwritten signature]

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CLASS C CHARTER BUS CERTIFICATE

Date: 02/10/2020

CLASS C - CHARTER BUS

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Williams Charters & Tours, LLC
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)
361 17th St. NW #2217, Atlanta, GA 30363
Street Address of Applicant
Mailing Address of Applicant (if different from street address)
4048575928
Phone Fax
dalewilliams@williamscharters.com
Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☐ Individual Owner/Sole Proprietorship
☐ Partnership - List names and addresses of all person having an interest in the business.
☒ Corporation - List names and addresses of two principal officers.

Dale L. Williams, 361 17th St. NW #2217, Atlanta, GA 30363

:10

:10

INSURANCE QUOTE

This form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE

The following insurance quote is for:

Williams Charters & Tours, LLC

Name of Applicant

361 17th St, NW, #2217 Atlanta, GA 30363

Address of Applicant

Amount of Premium:

Limits Quoted: (See Below)

Liability Insurance \$ 120,083

Limits 5,000,000

The above quoted premium is for a term of 12 months.

Minimum Limits - Intrastate Only:

16 or More Passengers* \$ 25,000/300,000/25,000

* Passengers = Number of seatbelts in the vehicle,
including the driver's seatbelt

Pennsylvania Manufacturers Association Ins.

Name of Insurance Company

425 W. Broadway Ste 300, Glendale, CA 91204

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

**FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION
ACCEPTANCE REPORT**

USER ID: PMA
TRANSMISSION NUMBER: WEB10564
TRANSMITTED ON: 02/25/2019 19:21:28
COMPANY NAME: PENNSYLVANIA MANUF. ASSOC. INS.
SUBMITTED BY: PENNSYLVANIA MANUF. ASSOC. INS. (04110-00)

| Docket | Form/Type | Policy Number | Effective Date | Action |
|-----------|--------------|----------------|----------------|----------|
| MC-721650 | BMC-91X/BIPD | 151901 1064534 | 02/26/2019 | ACCEPTED |

Values In FMCSA Licensing & Insurance Database:

Legal Name: WILLIAMS CHARTERS & TOURS LLC
Address: 1700 NORTHSIDE DR UNIT 2406
ATLANTA GA US 30318
1700 NORTHSIDE DR #2406
ATLANTA GA US 30318

91X Coverage(Type/Max/Underlying): Primary / \$5,000,000 / \$0

Total: 1

Run Date: 02/25/19
Run Time: 19:21

Page 1 of 2

Data Source: Licensing & Insurance
li_accept

COMMON POLICY DECLARATIONS

POLICY NO.151901-10-64-53-4

NAMED INSURED

WILLIAMS CHARTERS & TOURS,
LLC
1700 NORTHSIDE DR NW APT 2406
ATLANTA GA 30318-2688

PRODUCER'S NAME

ACRISURE MGA LLC
425 WEST BROADWAY #308
GLENDALE CA 91204-0000

POLICY PERIOD: FROM 02-26-2019 TO: 02-26-2020
12:01 A.M. Standard Time at your mailing address shown above.

BUSINESS DESCRIPTION:

NAMED INSURED IS: LIMITED LIABILITY COMPANY

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

| | | PREMIUM |
|--|----|------------|
| Commercial Business Auto Coverage Part | \$ | 120,083.00 |

The PMA Insurance Group
380 Sentry Parkway
P.O. Box 3031
Blue Bell, PA 19422-0754
(888) 476-2669

TOTAL \$ 120,083.00

FORMS APPLICABLE TO ALL COVERAGE PARTS:

SEE SCHEDULE OF ENDORSEMENTS

COUNTERSIGNED

2/26/19
(Date)

BY


(Authorized Representative)

CPD2 03 90

INSURED COPY

POLICY NUMBER: 151901-10-64-53-4

COMMERCIAL AUTO

BUSINESS AUTO DECLARATIONS

ITEM ONE

| | |
|--|---|
| COMPANY NAME: <i>Pennsylvania Manufacturers' Association Insurance Company</i> 380 Sentry Parkway P. O. Box 3031 Blue Bell, PA 19422-0754 (888) 476-2669 | PRODUCER NAME: ACRISURE MGA LLC |
|--|---|

NAMED INSURED: WILLIAMS CHARTERS & TOURS,
LLC

MAILING ADDRESS: 1700 NORTHSIDE DR NW APT 2406
ATLANTA, GA 30318-2688

POLICY PERIOD: From 02-26-2019 to 02-26-2020 at 12:01 A.M. Standard Time at your
mailing address shown above

PREVIOUS POLICY NUMBER: NEW

FORM OF BUSINESS:

☐ CORPORATION

 ☒ LIMITED LIABILITY COMPANY

 ☐ INDIVIDUAL
☐ PARTNERSHIP

 ☐ OTHER _____

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY,
WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

Premium shown is payable at inception: \$ 120,083.00

| | | | | |
|------------------------------|-----------------------------------|--|------------------------------------|----------------------------------|
| AUDIT PERIOD (IF APPLICABLE) | <input type="checkbox"/> ANNUALLY | <input type="checkbox"/> SEMI-ANNUALLY | <input type="checkbox"/> QUARTERLY | <input type="checkbox"/> MONTHLY |
|------------------------------|-----------------------------------|--|------------------------------------|----------------------------------|

ENDORSEMENTS ATTACHED TO THIS POLICY:

IL 00 17 – Common Policy Conditions (IL 01 46 in Washington)

IL 00 21 – Broad Form Nuclear Exclusion (Not Applicable in New York) (IL 01 98 in Washington)

SEE SCHEDULE OF FORMS AND ENDORSEMENTS

COUNTERSIGNED

2/26/19

(Date)

BY

[Signature]

(Authorized Representative)

PCA DS 03 10 13

Includes copyrighted material of Insurance Services
Office, with its permission
Copyright, Insurance Services Office, Inc. 2011

Page 1

INSURED COPY

01:32:41 P.M. 02-12-2020

ITEM TWO**SCHEDULE OF COVERAGES AND COVERED AUTOS**

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Business Auto Coverage Form next to the name of the coverage.

| COVERAGES | COVERED AUTOS | LIMIT | PREMIUM |
|--|---------------|--|---------------|
| COVERED AUTOS LIABILITY | 7, 8, 9 | \$5,000,000 | \$ 76,332 |
| PERSONAL INJURY PROTECTION (or equivalent No-fault Coverage) | | SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT MINUS DEDUCTIBLE. | |
| ADDED PERSONAL INJURY PROTECTION (or equivalent Added No-fault Coverage) | | SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT. | |
| PROPERTY PROTECTION INSURANCE (Michigan only) | | SEPARATELY STATED IN THE PROPERTY PROTECTION INSURANCE ENDORSEMENT MINUS DEDUCTIBLE FOR EACH ACCIDENT. | |
| AUTO MEDICAL PAYMENTS | | EACH INSURED | |
| MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia only) | | SEPARATELY STATED IN THE MEDICAL EXPENSE AND INCOME LOSS BENEFITS ENDORSEMENT. | |
| UNINSURED MOTORISTS | 7 | SEE ENDT (For vehicles principally used or garaged in the state of New York, see NY Declaration Supplement for applicable limit.) | \$ 203 |
| UNDERINSURED MOTORISTS (When not included in Uninsured Motorists Coverage) | | (For vehicles principally used or garaged in the state of New York, see NY Declaration Supplement for applicable limit.) | |
| PHYSICAL DAMAGE COMPREHENSIVE COVERAGE | 7 | ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS SEE SCHEDULE DEDUCTIBLE FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING. (FOR A COVERED "AUTO" REGISTERED IN NEW YORK, THE DEDUCTIBLE DOES APPLY TO LOSS CAUSED BY FIRE OR LIGHTNING.) See ITEM FOUR For Hired or Borrowed Autos. | \$ 5,707 |
| PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE | | ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM. See ITEM FOUR For Hired Or Borrowed Autos. | |
| PHYSICAL DAMAGE COLLISION COVERAGE | 7 | ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS SEE SCHEDULE DEDUCTIBLE, FOR EACH COVERED AUTO. See ITEM FOUR For Hired Or Borrowed Autos. | \$ 37,791 |
| PHYSICAL DAMAGE TOWING AND LABOR | | FOR EACH DISABLEMENT OF A PRIVATE PASSENGER AUTO. | |
| (Note, Tax/Surcharge/Fee does not apply in Puerto Rico) TAX/SURCHARGE/FEE | | | |
| PREMIUM FOR ENDORSEMENTS | | | \$ 50 |
| *ESTIMATED TOTAL PREMIUM | | | \$ 120,083.00 |

*This policy may be subject to final audit.

Exhibit Fit, Willing, and Able (FWA)

Williams Charters & Tours, LLC

Name of Applicant

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

☒ Yes ☐ No ☐ Pending (Submit when received.)

If Yes, indicate rating below and provide copy.

☒ Satisfactory ☐ Conditional ☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

☐ Yes ☒ No

3. Are there currently any outstanding judgments against the Applicant?

☐ Yes ☒ No

If Yes, list judgements here:

4. Is Applicant familiar with all insurance regulations and safety regulations governing charter bus carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these regulations?

☒ Yes ☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

© USDOT Number ○ MC/MX Number ○ Name

Enter Value: 2057236

Search

Company Snapshot**WILLIAMS CHARTERS & TOURS LLC**
USDOT Number: 2057236**ID/Operations | Inspections/Crashes In US | Inspections/Crashes In Canada | Safety Rating**

Carriers: If you would like to update the following ID/Operations information, please complete and submit form MCS-150 which can be obtained [online](#) or from your State FMCSA office. If you would like to challenge the accuracy of your company's safety data, you can do so using FMCSA's [DataQs](#) system.

Carrier and other users: FMCSA provides the Company Safety Profile (CSP) to motor carriers and the general public interested in obtaining greater detail on a particular motor carrier's safety performance than what is captured in the Company Snapshot. To obtain a CSP please visit the [CSP order page](#) or call (800)832-5860 or (703)280-4001 (Fee Required).

For help on the explanation of individual data fields, click on any field name or for help of a general nature go to [SAFER General Help](#).

The information below reflects the content of the FMCSA management information systems as of 02/10/2020.

To find out if this entity has a pending insurance cancellation, please [click here](#).

Other Information for this Carrier▼ [SMS Results](#)▼ [Licensing & Insurance](#)

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---------------------------------|------------------|-----------------|---------------|-----------|-----------------|------------------|----------------------|-----------------------------|--|-------------------|----------------|--------------------|-----------|----------------|-----------|----------------|----------------------------|------------------|-----------|--------------------|-----------|----------------------------|--------------|------|--------------|--------------------------|----------------|------------|---------------|---------|--|
| Entity Type: | CARRIER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Operating Status: | AUTHORIZED FOR Passenger | Out of Service Date: | None | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Legal Name: | WILLIAMS CHARTERS & TOURS LLC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DBA Name: | GOGO CHARTERS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Physical Address: | 1700 NORTHSIDE DR UNIT 2406 ATLANTA, GA 30318 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone: | (770) 991-4458 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address: | 1700 NORTHSIDE DR #2406 ATLANTA, GA 30318 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| USDOT Number: | 2057236 | State Carrier ID Number: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MC/MX/FP Number(s): | MC-721650 | DUNS Number: | 28-768-953 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Power Units: | 8 | Drivers: | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MCS-150 Form Date: | 04/14/2018 | MCS-150 Mileage (Year): | 1,240,695 (2018) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Operation Classification: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Auth. For Hire <input type="checkbox"/> Exempt For Hire <input type="checkbox"/> Private(Property) <input type="checkbox"/> Priv. Pass. (Business) <input type="checkbox"/> Priv. Pass.(Non-business) <input type="checkbox"/> Migrant <input type="checkbox"/> U.S. Mail <input type="checkbox"/> Fed. Gov't <input type="checkbox"/> State Gov't <input type="checkbox"/> Local Gov't <input type="checkbox"/> Indian Nation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Carrier Operation: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Interstate <input type="checkbox"/> Intrastate Only (HM) <input type="checkbox"/> Intrastate Only (Non-HM) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cargo Carried: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td>General Freight</td> <td>Liquids/Gases</td> <td>Chemicals</td> </tr> <tr> <td>Household Goods</td> <td>Intermodal Cont.</td> <td>Commodities Dry Bulk</td> </tr> <tr> <td>Metal: sheets, coils, rolls</td> <td><input checked="" type="checkbox"/> Passengers</td> <td>Refrigerated Food</td> </tr> <tr> <td>Motor Vehicles</td> <td>Oilfield Equipment</td> <td>Beverages</td> </tr> <tr> <td>Drive/Tow away</td> <td>Livestock</td> <td>Paper Products</td> </tr> <tr> <td>Logs, Poles, Beams, Lumber</td> <td>Grain, Feed, Hay</td> <td>Utilities</td> </tr> <tr> <td>Building Materials</td> <td>Coal/Coke</td> <td>Agricultural/Farm Supplies</td> </tr> <tr> <td>Mobile Homes</td> <td>Meat</td> <td>Construction</td> </tr> <tr> <td>Machinery, Large Objects</td> <td>Garbage/Refuse</td> <td>Water Well</td> </tr> <tr> <td>Fresh Produce</td> <td>US Mail</td> <td></td> </tr> </table> | | | | General Freight | Liquids/Gases | Chemicals | Household Goods | Intermodal Cont. | Commodities Dry Bulk | Metal: sheets, coils, rolls | <input checked="" type="checkbox"/> Passengers | Refrigerated Food | Motor Vehicles | Oilfield Equipment | Beverages | Drive/Tow away | Livestock | Paper Products | Logs, Poles, Beams, Lumber | Grain, Feed, Hay | Utilities | Building Materials | Coal/Coke | Agricultural/Farm Supplies | Mobile Homes | Meat | Construction | Machinery, Large Objects | Garbage/Refuse | Water Well | Fresh Produce | US Mail | |
| General Freight | Liquids/Gases | Chemicals | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Household Goods | Intermodal Cont. | Commodities Dry Bulk | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Metal: sheets, coils, rolls | <input checked="" type="checkbox"/> Passengers | Refrigerated Food | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Motor Vehicles | Oilfield Equipment | Beverages | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Drive/Tow away | Livestock | Paper Products | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Logs, Poles, Beams, Lumber | Grain, Feed, Hay | Utilities | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Building Materials | Coal/Coke | Agricultural/Farm Supplies | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mobile Homes | Meat | Construction | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Machinery, Large Objects | Garbage/Refuse | Water Well | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fresh Produce | US Mail | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

ID/Operations | Inspections/Crashes In US | Inspections/Crashes In Canada | Safety Rating

US Inspection results for 24 months prior to: 02/10/2020

Total Inspections: 14

Total IEP Inspections: 0

Note: Total inspections may be less than the sum of vehicle, driver, and hazmat inspections. Go to [Inspections Help](#) for further information.

| Inspections: | | | | |
|----------------------------|---------|--------|--------|-----|
| Inspection Type | Vehicle | Driver | Hazmat | IEP |
| Inspections | 9 | 10 | 0 | 0 |
| Out of Service | 2 | 0 | 0 | 0 |
| Out of Service % | 22.2% | 0% | 0% | 0% |
| Natl Average % (2008-2016) | 20.72% | 5.51% | 4.50% | N/A |

Crashes reported to FMCSA by states for 24 months prior to: 02/10/2020

Note: Crashes listed represent a motor carrier's involvement in reportable crashes, without any determination as to responsibility.

| Crashes: | | | | |
|----------|-------|--------|-----|-------|
| Type | Fatal | Injury | Tow | Total |
| Crashes | 0 | 0 | 0 | 0 |

ID/Operations | Inspections/Crashes In US | Inspections/Crashes In Canada | Safety Rating

Canadian Inspection results for 24 months prior to: 02/10/2020

Total inspections: 0

Note: Total inspections may be less than the sum of vehicle and driver inspections. Go to [Inspections Help](#) for further information.

| Inspections: | | |
|------------------|---------|--------|
| Inspection Type | Vehicle | Driver |
| Inspections | 0 | 0 |
| Out of Service | 0 | 0 |
| Out of Service % | 0% | 0% |

Crashes results for 24 months prior to: 02/10/2020

Note: Crashes listed represent a motor carrier's involvement in reportable crashes, without any determination as to responsibility.

| Crashes: | | | | |
|----------|-------|--------|-----|-------|
| Type | Fatal | Injury | Tow | Total |
| Crashes | 0 | 0 | 0 | 0 |

ID/Operations | Inspections/Crashes In US | Inspections/Crashes In Canada | Safety Rating

The Federal safety rating does not necessarily reflect the safety of the carrier when operating in intrastate commerce.

Carrier Safety Rating:

The rating below is current as of: 02/10/2020

Review Information:

| | | | |
|--------------|--------------|--------------|-------------------|
| Rating Date: | 04/27/2018 | Review Date: | 04/18/2018 |
| Rating: | Satisfactory | Type: | Compliance Review |

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

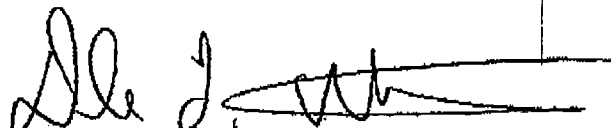
Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.


Applicant's Signature

CEO Owner
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)

COUNTY OF Fulton)

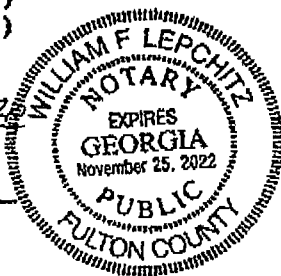
SWORN TO BEFORE ME

This 10 day of Feb, 20 20

Notary Public

Commission Expires

11/25/2020



Detach, complete and remit AFTER your safety audit has been performed by State Transport Police.

Williams Charters & Tours/ Dale L. Williams

Applicant's Name

Safety Certification

If your operations are subject to Safety Fitness Procedures of the Federal Motor Carrier Safety Regulations (FMCSR) (49 CFR Parts 100-199), even if you have not yet received a Safety Fitness Rating, you must certify as follows:

Applicant has access to and is familiar with all applicable U.S.D.O.T. regulations relating to the safe operation of commercial vehicles. In so certifying, applicant is verifying that, as a minimum, it:

1. Has in place a system and an individual responsible for ensuring overall compliance with the FMCSR and the HM regulations;
2. Can produce a copy of the FMCSR and the HM regulations;
3. Has in place a driver safety/orientation program;
4. Is familiar with the FMCSR governing driver qualifications and has in place a system for overseeing driver qualification requirements in accordance with 49 CFR Part 391.51C;
5. Has in place policies and procedures consistent with FMCSR governing driving and operational safety of commercial motor vehicles, including drivers' hours of service and vehicle inspection, repair, and maintenance (49 CFR Parts 392;395 and 396);
6. Is in compliance with the Controlled Substance and Alcohol Use and Testing as stated in FMCSR (49 CFR Part 40, 382, if applicable).

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☒ Yes ☐ Not Applicable

Exempt Applicants - If you will operate only small vehicles (GVWR of 10,000 pounds or less) and do not transport hazardous materials in a quantity to require placarding under the HM regulations and are thus exempt from the FMCSR and HM regulation, you must certify as follows:

Applicant is familiar with and will observe FMCSR general operational safety fitness guidelines.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☐ Yes ☒ Not Applicable

Any applicant who certifies they are in compliance with FMCSR and/or the HM regulations and upon completion of a compliance review audit, is found not to be in compliance, may have its certificate revoked.

I, Dale Lamar Williams, verify under penalty of perjury under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. Further, I certify that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material fact constitute criminal violations punishable by imprisonment and fines as prescribed by law. (Note: This oath embraces all schedules and supplemental filings to this application).

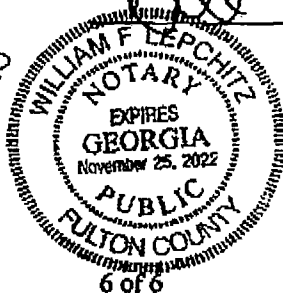
Applicant's Signature

SWORN TO BEFORE ME
This 10 day of Feb, 2020

Notary Public

Commission Expires

11/25/2020



Print Application

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

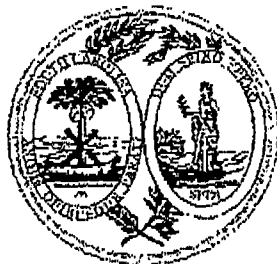
I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

WILLIAMS CHARTERS & TOURS, LLC, a limited liability company duly organized under the laws of the State of South Carolina on July 21st, 2014, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

**Given under my Hand and the Great Seal
of the State of South Carolina this 10th day
of February, 2020.**

Mark Hammond
Mark Hammond, Secretary of State

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Authority

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

Williams Charters & Tours, LLC, a limited liability company duly organized under the laws of the State of Georgia, and issued a certificate of authority to transact business in South Carolina on February 10th, 2020, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-1006, and that the company has not filed a certificate of cancellation as of the date hereof.

Given under my Hand and the Great Seal
of the State of South Carolina this 10th day
of February, 2020.

Mark Hammond
Mark Hammond, Secretary of State

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

Filing ID: 200210-1205483

Filing Date: 02/10/2020

Feb 10 2020
REFERENCE ID: 470329

**STATE OF SOUTH CAROLINA
SECRETARY OF STATE**

Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA

**RE A CERTIFICATE OF AUTHORITY BY A FOREIGN LIMITED LIABILITY COMPANY
TO TRANSACT BUSINESS IN SOUTH CAROLINA**

The following Foreign Limited Liability Company applies for a Certificate of Authority to Transact Business in South Carolina in accordance with Section 33-44-1002 of the 1976 S.C. Code of Laws, as amended.

1. The name of the foreign limited liability company which complies with Section 33-44-1005 of the 1976 S.C. Code of Laws, as amended is:

Williams Charters & Tours, LLC

2. The name of the State or Country under whose law the company is organized is Georgia

3. The street address of the Limited Liability Company's principal office is
361 17th St. NW #2217

(Street Address)

Atlanta, Georgia 30363

(City, State, Zip Code)

4. The address of the Limited Liability Company's current designated office in South Carolina is
5205 Forest Drive, Suite 2

(Street Address)

Columbia, South Carolina 29206

(City, State, Zip Code)

5. The street address of the Limited Liability Company's initial agent for service of process in South Carolina is
5205 Forest Drive, Suite 2

(Street Address)

Columbia

South Carolina 29206

(City)

(Zip Code)

And the name of the Limited Liability Company's agent for service of process at the address is:

Kenneth E. Berger

(Name)

(Signature of Agent)

6. ☐ Check this box only if the duration of the company is for a specified term, and if so, the period specified

Form Revised by South Carolina Secretary of State, August 2016

F0008

SC Secretary of State
Mark Hammond

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

Feb 10 2020

REFERENCE ID: 470329

Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA

Williams Charters & Tours, LLC

Name of Limited Liability Company

7. ☒ Check this box if the company is manager-managed. If so, list the names and business addresses of each manager.

(a)

Dale L. Williams

(Name)

361 17th Street NW, unit 2217

(Address)

Atlanta, Georgia 30363

(City, State, Zip Code)

(b)

(Name)

(Address)

(City, State, Zip Code)

8. ☒ Check this box if one or more of the members of the foreign limited liability company are to be liable for the company's debt and obligation under a provision similar to Section 33-44-303(c) of the 1976 S.C. Code of Laws, as amended.

Date: 02/10/2020

Signed as Authorized Signature: Dale L. Williams

Signature

Dale L. Williams

Name

CEO

Capacity/Title